

impact of child gastroenteritis on parents. **METHODS:** A literature review was conducted to create the first conceptual model. Semi-directive interviews of 10 parents were conducted and analysed to create items. A 54-item self-administered questionnaire was simultaneously developed in French and UK English and cognitive debriefings were conducted with 5 parents. The questionnaire was linguistically validated in Spanish, Italian and Polish and included in an observational and prospective study conducted with 302 parents of children under 5 presenting at the general practitioner/paediatrician site with acute gastroenteritis. Multitrait analysis and item content were used to confirm the dimensions and define the scoring of the questionnaire. Internal consistency reliability (Cronbach's alpha), floor and ceiling effects, scale-scale correlations and criterion validity of the resulting version were assessed. **RESULTS:** The final version of the questionnaire consists of 44 items in five dimensions: "Symptom Severity" (13 items), "Parents' Worries due to Symptoms" (8 items), "Child's Behaviour" (6 items), "Impact on Parents' Daily Activities" (10 items) and "Parents' Distress" (7 items). Higher scores indicate higher levels of negative feelings. All the scores presented good psychometric properties: no dimension had a floor or ceiling effect, Cronbach's alpha ranged from 0.78 to 0.85 showing a good internal consistency reliability, and scale-scale correlations ranged from 0.41 to 0.67 showing consistency but no redundancy between the dimensions. Correlations with Clark's and Vesikari's scores showed a good criterion validity. The more severe the gastroenteritis episode, the higher the scores of the questionnaire. **CONCLUSIONS:** The "Impact of child gastroenteritis on parents" questionnaire allows a very complete overview of how an episode of severe gastroenteritis impacts the parents of the ill child. The questionnaire is a valid and reliable instrument, suitable for future studies.

PGI29

INDIVIDUAL AND SOCIETAL PREFERENCE SCORES BOTH IDENTIFY ACTIVE INFLAMMATORY BOWEL DISEASE (IBD) IN GERMANY

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OBJECTIVES: To compare the ability of individual and societal preference scores based on the EQ-5D to identify active inflammatory bowel disease (IBD) in Germany. **METHODS:** Members of the German IBD Association documented Health-Related Quality of Life (hrQoL) with the EQ5-D and other disease-related factors. Inactive or active disease was based on calculated IBD activity indices. Disease activity was also classified (present or absent) according to sick-leave and hospitalizations, documented retrospectively (three months) and prospectively (four weeks). EQ-5D index scores were calculated using British (EQ-5DBT) and German (EQ-5DGT) tariffs. Differences in EQ VAS and EQ-5D index scores between patient groups differing in disease activity, sick-leave and hospitalizations were determined by effect size (ES) and bootstrap test for the standardised difference between the means. ES and bootstrap-test probability are always reported in this consecutive order: EQ VAS, EQ-5DBT and EQ-5DGT. **RESULTS:** A total of 527 retrospective and 483 prospective questionnaires were analysed. Retrospectively, 20% reported sick-leave, 7% hospitalisation, whereas prospectively, 12% reported sick-leave, 2% hospitalisation. 39% had active disease. All preference scores differed significantly between patients with active and inactive disease (ES: 13.72, 11.47, 9.56; p: 0.0001(all)). Retrospectively, ES of preference scores of patients differing in sick-leave (ES: 4.35, 4.51, 3.37; p: 0.0001,

0.0001, 0.002) and hospitalisation (ES: 2.07, 2.17, 1.91; p: 0.047, 0.047, 0.081) were large. Prospectively, the ES of preference scores for sick-leave groups (ES: 4.34, 4.32, 3.00; p: 0.0001, 0.0002, 0.0119) and hospitalisation (ES: 3.45, 3.08, 2.50; p: 0.014, 0.022, 0.061) were also large. **CONCLUSIONS:** In German IBD subjects, the ES of all preference scores was large regarding disease-activity, sick-leave and hospitalisation both retrospectively and prospectively. Bootstrap-test probability showed that the EQ-5DGT discriminated less well between the groups than the other preference scores.

PGI30

A EUROPEAN CROSS-SECTIONAL STUDY TO EVALUATE SYMPTOM BURDEN AND CLINICAL MANAGEMENT OF GASTROESOPHAGEAL REFLUX DISEASE (RANGE-GREECE)

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OBJECTIVES: Limited epidemiological data are available concerning gastroesophageal reflux disease (GERD). The aims of this study were to estimate the proportion of patients with GERD-related symptoms in primary care, and to describe the symptom burden and clinical management of the disease. **METHODS:** RANGE-Greece was part of a European programme, which was conducted in six countries and comprised similar cross-sectional studies run in parallel. RANGE-Greece recruited retrospectively identified patients who visited an office-based gastroenterologist for a GERD-related reason during a 4-month period (index visit). Consenting subjects were invited to attend a study visit. Data collection was performed for both the index and study visits. Patient-reported outcomes were collected by means of validated questionnaires (RDQ, XQS, GIS, WPAI-GERD). **RESULTS:** From the 29,903 patients identified by 23 gastroenterologists, 2116 (7.1%) had GERD-related reasons for the index visit. 505 randomly selected patients, who consented to participation, comprised the analysed population. Mean (\pm SD) age was 52 (14) years; 52.5% were women. The main reasons for the index visit were: recurrent symptoms after a remission period (41.8%), new reflux symptoms in a treatment-naïve patient (35.6%), persistence of previous reflux symptoms (10.9%), and follow-up visit in an asymptomatic patient (5.5%). 57.4% of patients had an endoscopic diagnosis. At the index visit, 99.8% of patients were prescribed a proton pump inhibitor. The study visit was performed after a median of 6.5 months. A total of 40.6% of patients had not changed treatment, whereas 23.6% and 21.0% were still suffering from heartburn and acid regurgitation, respectively (frequency \geq 2 days the previous week). Symptom severity was moderate in 29.3% and 22.8% and severe in 3.2% and 4.2% of patients with heartburn and acid regurgitation, respectively. **CONCLUSIONS:** Despite medical attention and treatment a considerable proportion of patients did not achieve an acceptable control of GERD-related symptoms.

PGI31

GENDER, AGE AND BODY MASS-RELATED DIFFERENCES IN THE IMPACT OF GASTRO-ESOPHAGEAL REFLUX DISEASE (GERD) SYMPTOMS IN PRIMARY CARE PATIENTS ASSESSED BY THE GASTROINTESTINAL IMPACT SCALE (GIS)

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OBJECTIVES: GERD is associated with obesity, age and gender in several studies. The GERD impact scale is a validated one-page self-administered questionnaire that asks patients about GERD